

# Risk Reduction Observation: Follow-Up Session

## Negative HIV and/or HCV Results

Risk Reduction Specialist: \_\_\_\_\_ Observer: \_\_\_\_\_

Session Date: \_\_\_\_\_ Site/Location: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Time: \_\_\_\_\_

Did this Risk Reduction Specialist (RRS) also do the initial counseling for this client? ☐ Yes ☐ No

**Instructions:** Using your *Session Evaluation Notes*, please check the *Met* column to show that the area was covered satisfactorily during the session. Check the *Not Met* column to show that the RRS tried to cover a topic but needs improvement and check the *Not Tried* column to show that the RRS did not try to cover the topic at all. Check the *N/A* column if the topic was not applicable. Use the *Comments* area to give more detail.

|   |   | Met | Not Met | Not Tried | N/A |
|---|---|-----|---------|-----------|-----|
| Orient To Session and Provide Test Result(s)  | Introduce yourself to client <i>(if first meeting with client)</i> .  |     |         |           |     |
|   | Re-explain confidentiality.   |     |         |           |     |
|   | Verify that the result belongs to the client.*  |     |         |           |     |
|   | Assess client's readiness to receive result.*   |     |         |           |     |
|   | Provide result clearly and simply.*   |     |         |           |     |
|   | Review meaning of the result.*  |     |         |           |     |
|   | Explore client's understanding of result.*  |     |         |           |     |
|   | Assess client's reaction to result.*  |     |         |           |     |
|   | <i>If applicable</i> , note the need to consider the test result in reference to most recent risk exposure.*                        |     |         |           |     |
|   | <i>If applicable</i> , refer to any previous STD or clinical exam experience and STD diagnosis in context of client's risk for HIV. |     |         |           |     |
| Did the RRS provide result(s) according to standards?<br><input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try<br>Comments:   |   |     |         |           |     |
| <p><small>* If the RRS is giving results for <b>both</b> HIV and HCV in the session, the tasks marked with an asterisk (*) should be gone through separately for each result. Ask the client which result s/he would like to receive first and then go through tasks marked with an asterisk before going through a second time with the next result. <u>Note:</u> Use 3 months since last exposure for HIV and 6 months since last exposure for HCV.</small></p> |   |     |         |           |     |

|                            |   |     |         |           |
|----------------------------|---|-----|---------|-----------|
| Review Risk-Reduction Step |   | Met | Not Met | Not Tried |
|                            | Review step with the client.  |     |         |           |
|                            | Assess the client's success in trying out the RR step.  |     |         |           |
|                            | Identify supports and barriers to the RR step.  |     |         |           |
|                            | Problem-solve issues concerning the step.   |     |         |           |
|                            | Provide encouragement and support for client's RR efforts.  |     |         |           |
|                            | Did the RRS review the prior RR step?<br><input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try<br>Comments: |     |         |           |

|                            |   |     |         |           |
|----------------------------|---|-----|---------|-----------|
| Revise Risk-Reduction Step |   | Met | Not Met | Not Tried |
|                            | Recognize the challenges of behavior change.  |     |         |           |
|                            | Revise or develop a new step with the client.   |     |         |           |
|                            | Identify/clarify actions toward achieving step and/or problem-solve issues related to the step.   |     |         |           |
|                            | Identify support for achieving step.  |     |         |           |
|                            | Confirm the client's commitment to the step.  |     |         |           |
|                            | Document the revised RR step with a copy to the client.   |     |         |           |
|                            | Did the RRS help the client develop a realistic RR step?<br><input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try<br>Did the step address HIV/STD/HCV risk? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Was the step appropriate to the client's risk? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Was the step SMART? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Did the step work from the client's strengths? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Comments: |     |         |           |

|   |  |     |         |           |     |
|---|--|-----|---------|-----------|-----|
| Identify Sources of Support and Provide Referrals |  | Met | Not Met | Not Tried | N/A |
|   | Assess client's support.   |     |         |           |     |
|   | <i>If applicable</i> , follow up on referrals provided at previous session.                          |     |         |           |     |
|   | <i>If applicable</i> , address longstanding or hard-to-manage issues contributing to risk.           |     |         |           |     |
|   | <i>If applicable</i> , assess the client's willingness to seek professional help and use a referral. |     |         |           |     |
|   | Evaluate what types of referral the client would be most receptive to.                               |     |         |           |     |
|   | <i>If applicable</i> , provide appropriate referrals.  |     |         |           |     |
|   | Help client access referral services.  |     |         |           |     |
| Comments:   |  |     |         |           |     |

|                                 |  |     |         |           |
|---------------------------------|--|-----|---------|-----------|
| Summarize and Close the Session |  | Met | Not Met | Not Tried |
|                                 | Review any future appointments.  |     |         |           |
|                                 | Reaffirm client's work and provide encouragement for pursuing RR.  |     |         |           |
|                                 | Review client and RRS contact information.   |     |         |           |
|                                 | Close the session.   |     |         |           |
|                                 | Did the RRS provide an appointment for re-testing and reminders?<br><input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try <input type="checkbox"/> Not Applicable<br>Comments: |     |         |           |

**Instructions:** For this section, mark those skills, concepts and components the RRS used well in the first column, the skills she/he tried, but needs improvement on in the second column, and those skills she/he could have used but didn't in the third column.

| Use of Counseling Skills, Concepts, and Components |  | Used Well | Needs Improvement | Could have used but didn't |
|--|--|-----------|-------------------|----------------------------|
|  | Kept client's emotional status in mind.            |           |                   |                            |
|  | Maintained focus on RR.                            |           |                   |                            |
|  | Redirected client when necessary.                  |           |                   |                            |
|  | Used open-ended questions.                         |           |                   |                            |
|  | Used active listening techniques.                  |           |                   |                            |
|  | Gave information simply.                           |           |                   |                            |
|  | Was nonjudgemental.                                |           |                   |                            |
|  | Offered options, not directives.                   |           |                   |                            |
|  | Provided opportunities for client to build skills. |           |                   |                            |
|  | Supported client.                                  |           |                   |                            |
|  | Summarized and closed the session.                 |           |                   |                            |
| Comments:  |  |           |                   |                            |

What things interfered with or supported the RR session (e.g. setting, interruptions)?

What did the RRS do that enhanced the quality and outcome of the session?

What could be improved about the RRS's work in this session?

Describe the RRS's use of the protocol.

Is there a need for an action plan for further improvement of the RRS's work? ☐ Yes ☐ No If yes, please describe.

Did the RRS follow the goals in the correct order? ☐ Yes ☐ No If not, why not?